

Premium rate increases can occur at any time during the calendar year with authorization from the New Jersey Department of Banking and Insurance (DOBI). When DOBI authorizes a rate increase, it notifies the SHIP Office which revises the monthly premium rate and date on the comparison chart. The premiums listed are accurate as of the date on this chart, and reflect the company's filing with DOBI. Some companies may offer premium discounts for various reasons. Contact the company for more information.

INDIVIDUAL

MEDICARE SUPPLEMENT COVERAGE

SOLD IN NEW JERSEY BY

HORIZON BLUE CROSS/BLUE SHIELD OF NEW JERSEY

TELEPHONE: 1-800-224-1234

PLAN INFORMATION				MEDICARE PART A HOSPITAL COSTS				MEDICARE PART A SKILLED NURSING FACILITY (SNF) COSTS			MEDICARE PART B MEDICAL COSTS (DRS., OUTPATIENT, ETC.)			OTHER			
				PLAN PAYS				PLAN PAYS			PLAN PAYS			PLAN PAYS			
PLAN	MONTHLY PREMIUM	COMPANY MAY DENY COVERAGE FOR MEDICAL REASONS	* PRE-EX. MEDICAL CONDITION WAITING PERIOD	\$1,068 DEDUCT. (2009)	\$267 COPAY FOR DAYS 61-90 (2009)	\$534 COPAY FOR DAYS 91-150 (2009)	100% AFTER DAY 150 FOR ADDITIONAL 365 DAYS IN A LIFETIME	\$133.50 COPAY FOR DAYS 21-100 (2009)	AFTER 100 DAYS WHEN MEDICARE STOPS PAYING	COSTS IN A SNF NOT APPROVED BY MEDICARE	\$135 ANNUAL DEDUCT. (2009)	20% OF MEDICARE ALLOWED AMOUNT	COSTS THAT EXCEED ALLOWED AMOUNT	PARTS A & B BLOOD DEDUCT.	FOREIGN TRAVEL EMERGENCY	AT-HOME RECOVERY	PREVENTIVE MEDICAL CARE
A	\$150.98	NO	6 mos.		YES	YES	YES					YES		YES			
C	\$257.14	NO	6 mos.	YES	YES	YES	YES	YES			YES	YES		YES	YES		
F	\$145.04 <i>(INCREASES WITH AGE)</i>	NO	6 mos.	YES	YES	YES	YES	YES			YES	YES	YES ^{100%}	YES	YES		
I	\$132.50 <i>(INCREASES WITH AGE)</i>	NO	6 mos.	YES	YES	YES	YES	YES				YES	YES ^{100%}	YES	YES	YES	
J	\$147.72 <i>(INCREASES WITH AGE)</i>	NO	6 mos.	YES	YES	YES	YES	YES			YES	YES	YES ^{100%}	YES	YES	YES	YES

*PRE—EXISTING MEDICAL CONDITION WAITING PERIOD MAY NOT APPLY.
(This information can be found on our web site at www.state.nj.us/health/senior/ship.shtml)